Judicial Candidate REPORT OF RECEIPTS AND DISBURSEMEN 2010 Judicial Election

Delbert Hosemann Campaign Finance Secretary of State

Nance Fitzpatrick Stokes Name of Candidate Address P. O. Box 414, Poplarville, MS 39470-0414 County Pearl River DATESTAMP Fax 601-795-2289 601-795-6509 601-795-0797 Home Telephone Work Email Address nance[stokes@bellsouth.net Nance F. Stokes Contact Name Chancery Court Judge, District 10, Place 1 Office Sought Check here if above is different from provious report XX November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)........Runoff Candidates January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).......Mandatory XX Termination Report (Candidate will no longer accept contributions or make Required to terminate reporting obligations campaign expenditures and has no outstanding campaign debt obligation)

IMPORTANT

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekond or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed roports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized + Non-itemized =		This Period			Calendar Year-To-Date	
\$	00.00 +\$	00.00	\$	00.00	\$	00.00
\$	3,654.10\$	00.00	5	3,654.10	\$	3,654.10
			\$	00.00	Ŧ	
	\$	\$ 00.00 +\$	s 00.00 +\$ 00.00 \$ 3,654.19\$ 00.00	\$ 00.00 +\$ 00.00 \$	\$ 00.00 +\$ 00.00 \$ 00.00 \$ 3,654.10\$ 00.00 \$ 3,654.10	\$ 00.00 +\$ 00.00 \$ 00.00 \$ \$ 3,654.10\$ 00.00 \$ 3,654.10 \$

ve examined this report and to the best of my knowledge and belief it is true, accurate, and complete. 11/15/10

Signature of Candidate

Date

Authority; Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements. Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in times of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND FO. 1. Candidates for Statewisto, State district, multi-county and all legislative offices should return form to Secretary of State. Glockians Division, P. C. Bux 138, Jackson, MS 39705 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district others atmild inhum forms to their county Circuit Clark,

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Name of Candidate or Committee Nance	Fitzpatrick Stokes		

Reporting period October 24, 2010

through November 15, 2010

ITEMIZED DISBURSEMENTS

A.Fu¤ name Roy L. Wilson Printing	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 211 Williams Avenue, Suite A	10/27/10	s 861.35
Picayune, MS 39466	_'_'_	\$
Purpose of Disbursement (Optional) Printing Flyers	Aggregate Year-to-date	\$ 861.35
B. Full name Picayune Item	Date (Mo., Day, Year)	Amount of each disbursement this period
P. O. Box 580	10,28,10	s 500.48
Picayune, MS 39466	11, 15,10	\$ 179.28
Purpose of Disbursement (Optional) Ads	Aggrogate Year-to-date	s 679.76
C.Fullname Hattiesburg American	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 825 North Main Street	10, 29,10	s 1,140.00
City, State, Zip Code Hattiesburg, MS 39401		S
Purpose of Disbursement (Optional) Aci	Aggregate Year-to-date	\$ 1,140.00
D. Full name Signs Now	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1575 Gause Boulevard	10 / 29 / 10	s 972.99
City, State, Zip Code Slidell, LA 70458		S
Purpose of Disbursement (Optional) Signs	Aggregate Year-to-date	s 972.99
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Addross		S
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	_1	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s

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